| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Jeremy | |
| | your government-issued picture identification (for example, your driver's | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Fain | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1189 | |

| De | otor 1 Jeremy Fain | | Case number (if known) | | | |
|----|--|---|--|--|--|--|
| | | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Your Employer Identification Number (EIN), if any. | | | | | |
| | (Eliv), ii aliy. | EIN | EIN | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 955 Old Britton Rd | | | | |
| | | Bellmore, NY 11710 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Nassau | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing | Check one: | | | | |
| 0. | this district to file for | Check one. | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| Tell the Court About Your Bankruptcy Case 7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 your family size and you are unable to pay the fee in installments). If you choose | office in your local court for more details with cash, cashier's check, or money order. with a credit card or check with a |
|---|--|
| 7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b. 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | office in your local court for more details with cash, cashier's check, or money order. with a credit card or check with a |
| Bankruptcy Code you are choosing to file under Chapter 7 | office in your local court for more details with cash, cashier's check, or money order. with a credit card or check with a |
| Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may pay lf your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay If your attorney is submitting your payment on your behalf, your attorney may pay pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attact Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | with cash, cashier's check, or money order. with a credit card or check with a |
| Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are fill not required to, waive your fee, and may do so only if your income is less than 15 | the Application for Individuals to Pay The |
| not required to, waive your fee, and may do so only if your income is less than 15 | |
| to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you | 0% of the official poverty line that applies to this option, you must fill out the <i>Application</i> |
| | |
| 9. Have you filed for bankruptcy within the last No. | |
| 8 years? | |
| District When C | Case number |
| District When C | case number |
| District When C | Case number |
| 10. Are any bankruptcy cases ■ No | |
| pending or being filed by a spouse who is not filing Yes. this case with you, or by a business partner, or by an affiliate? | |
| Debtor Re | elationship to you |
| District When Ca | ase number, if known |
| Debtor Re | elationship to you |
| District When Ca | ase number, if known |
| 11. Do you rent your No. Go to line 12. | |
| residence? Yes. Has your landlord obtained an eviction judgment against you? | |
| No. Go to line 12. | |
| Yes. Fill out <i>Initial Statement About an Eviction Judgment Against</i> bankruptcy petition. | |

| Deb | tor 1 Jeremy Fain | | | Case number (if known) |
|-----|---|------------|---|---|
| | | | | |
| Par | Report About Any Bus | sinesses ` | You Own as a Sole Proprie | etor |
| 12. | Are you a sole proprietor of any full- or part-time business? | □ No. | Go to Part 4. | |
| | | Yes. | Name and location of bu | siness |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a | | Mythic Games LLC Name of business, if an | |
| | separate legal entity such as a corporation, partnership, | | Name of Business, if an | y |
| | or LLC. If you have more than one | | 955 Old Britton Rd Bellmore, NY 11710 | |
| | sole proprietorship, use a separate sheet and attach it | | Number, Street, City, St | ate & ZIP Code |
| | to this petition. | | Check the appropriate b | pox to describe your business: |
| | | | ☐ Health Care Bus | siness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Re | al Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broken | xer (as defined in 11 U.S.C. § 101(6)) |
| | | | None of the abo | ve |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business | under Su | ubchapter V so that it can se to proceed under Subchapte | e court must know whether you are a small business debtor or a debtor choosing to proceed that appropriate deadlines. If you indicate that you are a small business debtor or you are er V, you must attach your most recent balance sheet, statement of operations, cash-flow urn or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
| | debtor or a debtor as defined by 11 U.S. C. § 1182(1)? | ■ No. | I am not filing under Cha | apter 11. |
| | For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | ☐ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | | r 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do nder Subchapter V of Chapter 11. |
| | | ☐ Yes. | | r 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I r Subchapter V of Chapter 11. |
| Par | Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ■ No. | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is the hazard? | |
| | safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |

Debtor 1 Jeremy Fain Case number (if known) Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5: About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment plan, receive a briefing about Attach a copy of the certificate and the payment plan, if any, if any, that you developed with the agency. that you developed with the agency. credit counseling before you file for bankruptcy. You ☐ I received a briefing from an approved credit must truthfully check one of I received a briefing from an approved credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed the following choices. If you filed this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a certificate cannot do so, you are not certificate of completion. of completion. eligible to file. Within 14 days after you file this bankruptcy petition, you Within 14 days after you file this bankruptcy petition, If you file anyway, the court you MUST file a copy of the certificate and payment MUST file a copy of the certificate and payment plan, if any. can dismiss your case, you plan, if any. will lose whatever filing fee you paid, and your creditors I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services can begin collection services from an approved agency, but was from an approved agency, but was unable to obtain activities again. those services during the 7 days after I made my unable to obtain those services during the 7 days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made to requirement, attach a separate sheet explaining what obtain the briefing, why you were unable to obtain it before efforts you made to obtain the briefing, why you were you filed for bankruptcy, and what exigent circumstances unable to obtain it before you filed for bankruptcy, and required you to file this case. what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for Your case may be dismissed if the court is bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must file If the court is satisfied with your reasons, you must a certificate from the approved agency, along with a copy of still receive a briefing within 30 days after you file. the payment plan you developed, if any. If you do not do so, You must file a certificate from the approved agency, your case may be dismissed. along with a copy of the payment plan you developed, if any. If you do not do so, your case may be Any extension of the 30-day deadline is granted only for dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about ☐ I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or making makes me incapable of realizing or making rational

rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. П

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Jeremy Fain | | | Case numb | Per (if known) |
|-----|--|------------------------|---|---|---|
| Par | 6: Answer These Quest | ions for Rep | orting Purposes | | |
| 16. | What kind of debts do you have? | | | nsumer debts? Consumer debts are definal, family, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | | | siness debts? Business debts are debts r through the operation of the business or i | |
| | | | ☐ No. Go to line 16c. | | |
| | | | Yes. Go to line 17. | | |
| | | 16c | State the type of debts you ow | e that are not consumer debts or business | debts |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chapter 7 | '. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | |
| | administrative expenses | | □ No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | <u> </u> | <u></u> 50,001-100,000 |
| | | ☐ 100-199 ☐ 200-999 | | ☐ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$50 | 0,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | \$50,00 | - \$100,000 | ☐ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 | □ \$50,000,001 - \$100 million | \$10,000,000,001 - \$50 billion |
| | | ■ \$500,00 | 01 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$50 |),000 | ■ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | \$50,00 | 1 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | 5 0. | | 01 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion |
| | | □ \$500,00 | 01 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| For | you | I have exar | nined this petition, and I declar | re under penalty of perjury that the informa | tion provided is true and correct. |
| | | | | am aware that I may proceed, if eligible, u able under each chapter, and I choose to p | nder Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7. |
| | | | ey represents me and I did not sed and read the notice require | | an attorney to help me fill out this document, I |
| | | I request re | elief in accordance with the cha | apter of title 11, United States Code, speci | fied in this petition. |
| | | | esult in fines up to \$250,000, o | | property by fraud in connection with a bankruptcy . 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Jeremy I Signature | ain | Signature of Debto | or 2 |
| | | Executed of | | Executed on | M/DD/WWW |
| | | | MM / DD / YYYY | MI | M / DD / YYYY |

| Debtor 1 Jeremy Fain | | Cas | Case number (if known) | | | |
|---|--|-------------------------------|--|--|--|--|
| | | | | | | |
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United State | es Code, and have explained | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in | | | |
| If you are not represented by an attorney, you do not need to file this page. | which § 707(b)(4)(D) applies, certify that I have petition is incorrect. | e no knowledge after an inqui | ry that the information in the schedules filed with the | | | |
| | /s/ Peter Corey | Date | February 29, 2024 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Peter Corey | | | | | |
| | Printed name | | | | | |
| | Macco & Corey, P.C. | | | | | |
| | Firm name | | | | | |
| | 2950 Express Drive South | | | | | |
| | Suite 109 | | | | | |
| | Islandia, NY 11749 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone 631-549-7900 | Email address | pcorey@maccolaw.com | | | |
| | 11-2671938 NY | | | | | |
| | Bar number & State | | | | | |
| | | | | | | |

| Fill | in this informa | tion to identify your | case: | | | |
|--------|--|--|---|---|--------------|---------------------------------|
| Deb | otor 1 | Jeremy Fain | | | | |
| Dok | otor 2 | First Name | Middle Name | Last Name | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Bank | ruptcy Court for the: | EASTERN DISTRICT OF | F NEW YORK | | |
| Cas | se number | | | | | |
| (if kn | nown) | | | | | neck if this is an |
| | | | | | an | nended filing |
| ~ (| <i>.</i> – | 4000 | | | | |
| | | <u>m 106Sum</u> | nad Liabilitiaa an | d Cartain Statistical Informatio | | 4044 |
| | | | | d Certain Statistical Information refiling together, both are equally responsible | | 12/15 |
| info | rmation. Fill ou | t all of your schedule | s first; then complete the | information on this form. If you are filing amenute box at the top of this page. | | |
| Par | t 1: Summar | ize Your Assets | | | | |
| | | | | | | ur assets ue of what you own |
| 1 | Sahadula A/D | Proporty (Official Ed | rm 106 A /P) | | 7 4.1 | ao o. mai you om |
| 1. | | B: Property (Official Fo 55, Total real estate, fro | | | \$_ | 660,000.00 |
| | 1b. Copy line 6 | 62, Total personal prop | erty, from Schedule A/B | | \$_ | 103,294.79 |
| | 1c. Copy line 6 | 63, Total of all property | on Schedule A/B | | \$_ | 763,294.79 |
| Par | t 2: Summar | ize Your Liabilities | | | | |
| | | | | | | ur liabilities ount you owe |
| 2. | Schedule D: C | Creditors Who Have Cla | aims Secured by Property (| Official Form 106D) | | |
| | | | | bottom of the last page of Part 1 of Schedule D | \$_ | 573,666.00 |
| 3. | | | Insecured Claims (Official F | Form 106E/F) from line 6e of <i>Schedule E/F</i> | \$ | 30,000.00 |
| | | | | ms) from line 6j of Schedule E/F | \$ | 626,350.80 |
| | ., | | , , , | • | - | 1 |
| | | | | Your total liabili | ties \$ | 1,230,016.80 |
| Par | t 3: Summar | ize Your Income and | Expenses | | | |
| 4. | Schedule I: Yo | our Income (Official Fo | m 106l) | | | |
| •• | | | | | \$ _ | 10,184.00 |
| 5. | | our Expenses (Official of the control of the contro | | | \$ | 8,555.90 |
| Par | t 4: Answer | These Questions for | Administrative and Statist | tical Records | | |
| 6. | | | er Chapters 7, 11, or 13? In this part of the form. Chec | ck this box and submit this form to the court with yo | ur other sch | edules. |
| 7. | YesWhat kind of | debt do you have? | | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | ı |
|--|-------------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 30,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 15,501.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 45,501.00 |

| I lah | n this information | | | o ming | • | | | |
|-------|--|---------------------------|------------------------|----------------|--|---------------------------------------|---------|---|
| Deb | | Jeremy Fain First Name | | Name | Last Name | | | |
| Deb | _ | | | | | | | |
| | ,g) | First Name | | Name | Last Name | | | |
| Unit | ed States Bankru | ptcy Court for t | he: EASTERN | DISTR | ICT OF NEW YORK | | | |
| Cas | e number | | | | | | | ☐ Check if this is an amended filing |
| ∩ff | icial Form | 1061/R | | | | | | |
| _ | hedule | _ | operty | | | | | 12/15 |
| | | any legal or eq | | | Estate You Own or Have an Interest In ence, building, land, or similar property? | | | |
| 1.1 | 0757 144 | | | Wha | t is the property? Check all that apply | | | |
| | 3757 Waverly Street address, if ava | | cription | | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any s | ecured | ms or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property</i> . |
| | Seaford City | NY State | 11783-0000 ZIP Code | | Land | Current value of the entire property? | | Current value of the portion you own? |
| | | | | | Timeshare Other | Describe the natur | e of yo | ur ownership interest ncy by the entireties, or |
| | | | | wno | has an interest in the property? Check one Debtor 1 only | Tenancy by th | | irety |
| | Nassau | | | | | | | |
| | County | | | □ ■ Othe | Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter | (see instructions) | | nunity property |
| | | | | | erty identification number: | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

| Debto | or 1 Jeremy Fain | | Case number (if known) | |
|--------|---|---|--|---|
| 3. Ca | rs, vans, trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | No | | | |
| | | | | |
| • | Yes | | | |
| 3.1 | Make: Lexus | Who has an interest in the preparty? Observe | Do not deduct secured | claims or exemptions. Put |
| 3.1 | Make: Lexus Model: CS350 | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secur | red claims on Schedule D: |
| | Year: 2020 | Debtor 1 only | | aims Secured by Property. |
| | Approximate mileage: 30,000 | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Subject to lien | | • | |
| | - | ☐ Check if this is community property (see instructions) | \$35,000.00 | \$35,000.00 |
| 3.2 | Make: Audi | Who has an interest in the property? Check one | | claims or exemptions. Put |
| 0.2 | Model: A4 | ■ Debtor 1 only | | red claims on Schedule D: aims Secured by Property. |
| | Year: 2020 | ☐ Debtor 2 only | Current value of the | , , , |
| | Approximate mileage: 40,000 | Debtor 1 and Debtor 2 only | entire property? | Current value of the portion you own? |
| | Other information: | ☐ At least one of the debtors and another | | |
| | Subject to lien | | \$30,000.00 | \$30,000.00 |
| | | ☐ Check if this is community property (see instructions) | 450,000.00 | \$30,000.00 |
| 3.3 | Make: Mercedes | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Model: Metris | Debtor 1 only | | red claims on Schedule D: aims Secured by Property. |
| | Year: 2017 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: 40,000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | ☐ At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | \$16,000.00 | \$16,000.00 |
| Exa | amples: Boats, trailers, motors, personal wat No Yes dd the dollar value of the portion you ow | d other recreational vehicles, other vehicles, an ercraft, fishing vessels, snowmobiles, motorcycle active from part 2, including an imber here | ny entries for pages | \$81,000.00 |
| Part 3 | Describe Your Personal and Household I | rems | | |
| | ou own or have any legal or equitable in | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex | usehold goods and furnishings camples: Major appliances, furniture, linens, No Yes. Describe | china, kitchenware | | |
| _ | | ld Goods and Furnishings | | \$2,000.0 |
| | <u></u> | | | |
| | ectronics camples: Televisions and radios; audio, vide | o, stereo, and digital equipment; computers, printers | , scanners; music collections | ; electronic devices |
| | including cell phones, cameras, m | edia players, games | | |
| ш | INU | | | |

| De | ebtor 1 | Jeremy Fain | | Case number (if known) | |
|-----|---------------------------|---|--|------------------------------------|---|
| | Yes. | Describe | | | |
| | | | Misc. Electronics | | \$300.00 |
| | Exampl | | igurines; paintings, prints, or other artwork; books, pictures, or c emorabilia, collectibles | other art objects; stamp, coin, or | baseball card collections; other |
| | | | Books, pictures, collectibles, etc | | \$2,000.00 |
| | Example No | ent for sports ar les: Sports, photog instruments | d hobbies raphic, exercise, and other hobby equipment; bicycles, pool tabl | les, golf clubs, skis; canoes and | kayaks; carpentry tools; musical |
| | ■ No | | , shotguns, ammunition, and related equipment | | |
| | ■ No | | hes, furs, leather coats, designer wear, shoes, accessories | | |
| | ■ No | | elry, costume jewelry, engagement rings, wedding rings, heirlooi | m jewelry, watches, gems, gold, | silver |
| | Exam _l ■ No | nrm animals ples: Dogs, cats, b Describe | irds, horses | | |
| | ■ No | ther personal and | I household items you did not already list, including any hornation | ealth aids you did not list | |
| 15 | | | of all of your entries from Part 3, including any entries for p ber here | pages you have attached for | \$4,300.00 |
| Pa | rt 4: De | escribe Your Finan | cial Assets | | |
| Do | you ov | wn or have any le | gal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No · | | ave in your wallet, in your home, in a safe deposit box, and on ha | and when you file your petition | |
| | | | | Cash | \$50.00 |

| De | btor 1 | Jeremy Fain | <u>I</u> | | | Case number (i | f known) | |
|-----|-------------------------------|-------------------|--|--|---|------------------------------|---------------------|------------------|
| 17. | | | | | unts; certificates of deposit; share with the same institution, list each | | age houses, and ot | her similar |
| ı | □ No | | , | | | | | |
| I | Yes | | | | Institution name: | | | |
| | | | 17.1. | Checking | Webster | | | \$200.00 |
| | | | 17.2. | Savings | Chase - 0070 | | | \$5,000.00 |
| | | | | ly traded stocks nt accounts with bro | kerage firms, money market accor | unts | | |
| | ■ No □ Yes | | | Institution or issuer | name: | | | |
| | Non-publ joint ven □ No | • | ock and i | interests in incorpo | orated and unincorporated busi | nesses, including an i | nterest in an LLC, | partnership, and |
| | Yes. G | ive specific info | | about them me of entity: | | % of ownershi | p: | |
| | | | Bu | ning tree Gamin | ng LLC | 100 | % | \$0.00 |
| | | | | | | | | |
| | | | _My | thic Games LLC | : | 100 | % | \$0.00 |
| | Negotiab Non-neg ■ No | le instruments i | include pents are the real real real real real real real rea | ersonal checks, cash hose you cannot tran | tiable and non-negotiable instr niers' checks, promissory notes, a nsfer to someone by signing or del | nd money orders. | | |
| l | <i>Example</i> ■ No | | RA, ERIS | SA, Keogh, 401(k), 40 | 03(b), thrift savings accounts, or o | other pension or profit-sh | aring plans | |
| | ☐ Yes. Lis | st each account | | ely. of account: | Institution name: | | | |
| | Your sha | | deposits | you have made so t | hat you may continue service or u | | mpanies, or others | |
| | | | | | Institution name or individ | ual: | | |
| 23. | Annuities | (A contract for | r a period | ic payment of money | to you, either for life or for a num | ber of years) | | |
| | ■ No □ Yes | ls: | suer nam | e and description. | | | | |
| 24. | Interests i | | n IRA, in | an account in a qu | ualified ABLE program, or unde | er a qualified state tuition | on program. | |
| ı | ■ No □ Yes | () () | , ,, | , , , | n. Separately file the records of an | y interests.11 U.S.C. § 5. | 21(c): | |
| 25. | Trusts, e | quitable or fut | ure inter | ests in property (o | ther than anything listed in line | e 1), and rights or powe | ers exercisable for | your benefit |
| | ■ No □ Yes. G | ive specific info | ormation a | about them | | | | |

| Deb | tor 1 | Jeremy Fain | Case number (if known) | |
|-------|---------------------------------------|--|--|---|
| 26. l | | s, copyrights, trademarks, trade secrets, and other intellectual probles: Internet domain names, websites, proceeds from royalties and licen | | |
| | ■ No ■ Yes. | Give specific information about them | | |
| _ | | es, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative association holding | gs, liquor licenses, professional licenses | |
| | Yes. | Give specific information about them | | |
| Моі | ney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured |
| 28. | Tax refi | unds owed to you | | claims or exemptions. |
| _ | ■ No | | | |
| | Yes. 0 | Give specific information about them, including whether you already filed | the returns and the tax years | |
| _ | | support bles: Past due or lump sum alimony, spousal support, child support, mair | ntenance, divorce settlement, property sett | lement |
| | | Give specific information | | |
| 30. (| | imounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sic unpaid loans you made to someone else | k pay, vacation pay, workers' compensation | on, Social Security benefits; |
| _ | ■ No □ Yes. | Give specific information | | |
| _ | | ts in insurance policies bles: Health, disability, or life insurance; health savings account (HSA); c | redit, homeowner's, or renter's insurance | |
| | Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Metlife - Whole | Jeremy Fain | \$12,744.79 |
| | Any inte If you a died. ■ No | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance | policy, or are currently entitled to receive p | roperty because someone has |
| | Yes. | Give specific information | | |
| _ | | against third parties, whether or not you have filed a lawsuit or moles: Accidents, employment disputes, insurance claims, or rights to sue | ade a demand for payment | |
| _ | _ | Describe each claim | | |
| | _ | contingent and unliquidated claims of every nature, including cour | nterclaims of the debtor and rights to s | et off claims |
| | ■ No □ Yes. | Describe each claim | | |
| | - | ancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |
| 36. | | he dollar value of all of your entries from Part 4, including any ent | ries for pages you have attached for | \$17,994.79 |

Official Form 106A/B Schedule A/B: Property page 5

Part 4. Write that number here.....

| Debto | 1 Jeremy Fain | | Case number (if known) | |
|----------------|---|-------------------------------|------------------------------|----------------------|
| Part 5: | Describe Any Business-Related Property You Own or Have an In | terest In. List any real esta | te in Part 1. | |
| 37. Do | you own or have any legal or equitable interest in any business-re | lated property? | | |
| ■ N | o. Go to Part 6. | | | |
| ΠY | es. Go to line 38. | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property Y If you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | t In. | |
| 46. D c | you own or have any legal or equitable interest in any farn | n- or commercial fishing | -related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That | You Did Not List Above | | |
| | you have other property of any kind you did not already lie examples: Season tickets, country club membership | st? | | |
| | Yes. Give specific information | | | |
| 54. <i>A</i> | add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. F | art 1: Total real estate, line 2 | | | \$660,000.00 |
| 56. F | Part 2: Total vehicles, line 5 | \$81,000.00 | | |
| 57. F | Part 3: Total personal and household items, line 15 | \$4,300.00 | | |
| 58. F | art 4: Total financial assets, line 36 | \$17,994.79 | | |
| 59. F | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. F | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. F | art 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. 1 | otal personal property. Add lines 56 through 61 | \$103,294.79 | Copy personal property total | \$103,294.79 |
| 63. 1 | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$763 20 <i>1</i> 70 |

| Debtor 1 | Jeremy Fain | | | |
|---------------------|-------------------------|--------------------|-----------------|------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | nkruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| Official Fo | orm 106C | | | |
| | | | | |
| Schadul | △ C· Th△ Dr | onerty Vou C | Claim as Exempt | |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|--|--------------------------------------|-----|---|------------------------------------|--|--|--|--|
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | | |
| | 3757 Waverly Ave Seaford, NY 11783 Nassau County | \$660,000.00 | | \$132,434.00 | NYCPLR § 5206 | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2020 Lexus CS350 30,000 miles Subject to lien | \$35,000.00 | | \$11,975.00 | NYCPLR § 5205(a)(8) | | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc. Household Goods and Furnishings | \$2,000.00 | | \$2,000.00 | NYCPLR § 5205(a)(5) | | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc. Electronics Line from Schedule A/B: 7.1 | \$300.00 | | \$300.00 | NYCPLR § 5205(a)(5) | | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Books, pictures, collectibles, etc Line from Schedule A/B: 8.1 | \$2,000.00 | | \$2,000.00 | NYCPLR § 5205(a)(2) | | | | |
| | Enterior Solieude A/D. V.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

Part 1: Identify the Property You Claim as Exempt

| Deb | tor 1 Jeremy Fain | | | Case number (if known) | |
|-----|---|---|--|--------------------------------------|---|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
| | | | | | |
| | Metlife - Whole Beneficiary: Jeremy Fain | \$12,744.79 | \$12,744.79 100% of fair market value, up to any applicable statutory limit | | NY Ins. Law § 3212, Est. Pow. & Tr. § 7-1.5, NYCPLR § |
| | Line from Schedule A/B: 31.1 | | | | 5205(i) |
| | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/25 and every 3 | | | on or after the date of adjustment.) | |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property covered | d by the exemption withir | 1,21 | 5 days before you filed this case? | |
| | □ No | | | | |
| | ☐ Yes | | | | |

| Debtor 1 | Joromy Foin | | | | | |
|---|---|---|---------------|--|--|--------------------------|
| Debior 1 | Jeremy Fain First Name | Middle Name La | st Name | | - | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name La | st Name | | - | |
| United States Ban | kruptcy Court for the: | EASTERN DISTRICT OF NEW YO | RK | | | |
| Casa numbar | | | | | - | |
| Case number (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| Official Form | 106D | | | | | |
| | | Who Hove Claims So | ourod | by Droport | ., | 40/45 |
| <u>schedule</u> | D: Creditors | Who Have Claims Se | curea | by Propert | <u>y</u> | 12/15 |
| | | If two married people are filing together, but, number the entries, and attach it to this | | | | |
| . Do any creditors | have claims secured by | y your property? | | | | |
| ☐ No. Check | this box and submit th | is form to the court with your other sched | ules. You ha | ave nothing else to re | port on this form. | |
| Yes. Fill in | all of the information b | elow. | | | | |
| Part 1: List All | I Secured Claims | | | | | |
| • | claims. If a creditor has i | more than one secured claim, list the creditor | separately | Column A | Column B | Column C |
| for each claim. If me | ore than one creditor has | s a particular claim, list the other creditors in Fical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 ServiceMa | ac/Movement | Describe the property that secures the c | laim: | \$527,566.00 | \$660,000.00 | \$0.00 |
| Creditor's Name | • | 3757 Waverly Ave Seaford, NY | | <u> </u> | | |
| Mortgage | Dallas Dal | As of the date you file, the claim is: Check all that | | | | |
| 9726 Old I Suite 200 | Balles Ra, | | | | | |
| Fort Mill, | SC 29707 | apply. Contingent | | | | |
| Number, Street. | City, State & Zip Code | ☐ Unliquidated | | | | |
| , | , | ☐ Disputed | | | | |
| Who owes the del | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mort | gage or secur | red | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | btor 2 only | ☐ Statutory lien (such as tax lien, mechani | c's lien) | | | |
| _ | ne debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this cla community del | | Other (including a right to offset) | rtgage | | | |
| | Opened 9/20/23 Last Active | Last 4 digits of account number | 8456 | | | |

Date debt was incurred 11/01/23

Last 4 digits of account number

| Debtor 1 Jeremy Fain | | e number (if known) | | |
|--|--|---------------------|-------------------------|------------|
| First Name Middle N | lame Last Name | | | |
| 2.2 Td Auto Finance | Describe the property that secures the claim: | \$34,288.00 | \$30,000.00 | \$4,288.00 |
| Creditor's Name | 2020 Audi A4 40,000 miles | | | |
| Attn: Bankruptcy | Subject to lien | | | |
| Po Box 9223 | As of the date you file, the claim is: Check all that | | | |
| Farmington Hills, MI 48333 | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | İ | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 10/22 Last Active Date debt was incurred 10/17/23 | Last 4 digits of account number 8941 | | | |
| Totale debt was incurred 10/17/23 | Last 4 digits of account number | | | |
| 2.3 Td Auto Finance | Describe the property that secures the claim: | \$11,812.00 | \$35,000.00 | \$0.00 |
| Creditor's Name | 2020 Lexus CS350 30,000 miles | <u> </u> | - 400,000.00 | Ψ0.00 |
| Attn: Bankruptcy Po Box 9223 | Subject to lien | | | |
| Farmington Hills, MI 48333 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | i | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 05/21 Last Active Date debt was incurred 10/28/23 | Last 4 digits of account number 2516 | | | |
| Date debt was incurred 10/28/23 | | | | |
| | | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$573,666.00 | | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$573,666.00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill | in this informa | ation to identify your o | ase: | | | | |
|------------------------|---|---|--|--|---|--|--|
| | | | | | | | |
| Den | otor 1 | Jeremy Fain First Name | Middle Name | Last Nam | e | - | |
| | otor 2 | First Name | Middle Norse | LastNass | _ | - | |
| | use if, filing) | First Name | Middle Name | Last Nam | e | | |
| Unit | ed States Bank | cruptcy Court for the: | EASTERN DISTRI | CT OF NEW YORK | | - | |
| Cas | e number | | | | | | |
| (if kn | own) | | | | | | k if this is an |
| | | | | | | amer | nded filing |
| Off | icial Form | 106E/F | | | | | |
| Scl | hedule E/ | F: Creditors W | ho Have Uns | ecured Claim | S | | 12/15 |
| Sche D: Cr the C | dule G: Executoreditors Who Ha continuation Pagnumber (if known | ory Contracts and Unexp ave Claims Secured by Pr ge to this page. If you ha | ired Leases (Official Fo operty. If more space i ve no information to re | orm 106G). Do not incluis needed, copy the Par | ry contracts on Schedule A/ de any creditors with partia t you need, fill it out, numbe le that Part. On the top of ar | lly secured claims that er the entries in the box | are listed in Schedule tes on the left. Attach |
| | | s have priority unsecure | | | | | |
| | ☐ No. Go to Pa | rt 2. | | | | | |
| | Yes. | | | | | | |
| | identify what type possible, list the | e of claim it is. If a claim ha | is both priority and nonp er according to the credi | riority amounts, list that of tor's name. If you have n | ed claim, list the creditor sepa claim here and show both prio core than two priority unsecure | rity and nonpriority amou | nts. As much as |
| | (For an explanati | ion of each type of claim, s | ee the instructions for the | nis form in the instruction | booklet.) Total claim | Priority amount | Nonpriority amount |
| 2.1 | | partment of | Last 4 dig | gits of account number | \$30,000 | .00 \$30,000.0 | 0 \$0.00 |
| | • | ditor's Name | When wa | s the debt incurred? | 2020-2023 | | |
| | PO Box | | | | | | |
| | | NY 12205 eet City State Zip Code | As of the | date you file, the claim | is: Check all that apply | | |
| | | the debt? Check one. | ☐ Contin | - | io. Ondorean that apply | | |
| | ■ Debtor 1 on | ılv | ☐ Unliqu | • | | | |
| | Debtor 2 on | | ☐ Disput | | | | |
| | _ | nd Debtor 2 only | • | RIORITY unsecured cla | nim: | | |
| | _ | of the debtors and anothe | Пъ | stic support obligations | | | |
| | _ | | _ | and certain other debts | you awa the government | | |
| | | is claim is for a commui | _ | | jury while you were intoxicated | 1 | |
| | No | ibject to onset: | ☐ Other. | · | ary willo you wore intextoated | • | |
| | ☐ Yes | | □ Other. | Sales Tax | | | _ |
| | | | | | | | |
| Pari | 1 2: List All | of Your NONPRIORIT | V Unsecured Claims | | | | |
| | | s have nonpriority unser | | | | | |
| | _ ′ | e nothing to report in this pa | , | | chedules | | |
| | _ | s nothing to report in this pa | art. Submit tills lomi to t | ne court with your other s | onedutes. | | |
| | Yes. | | | | | | |
| | unsecured claim | , list the creditor separatel | y for each claim. For each | ch claim listed, identify w | who holds each claim. If a cr hat type of claim it is. Do not I han three nonpriority unsecure | ist claims already include | ed in Part 1. If more |

Total claim

| Debtor | 1 Jeremy Fain | Case number (if known) | | | | |
|--------|--|---|---|--------------|--|--|
| 4.1 | Amazon Capital Services | Last 4 digits of account number | Unknown | | | |
| | Nonpriority Creditor's Name 410 Terry Avenue North Seattle, WA 98109 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | | |
| | Yes | | • | | | |
| | Yes | Other. Specify Business L | Loan | | | |
| 4.2 | Bay First Nonpriority Creditor's Name | Last 4 digits of account number | 9102 | \$144,753.36 | | |
| | 700 Central Ave Saint Petersburg, FL 33701 | When was the debt incurred? | 4/14/2023 - 4/14/2033 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | Other. Specify Business L | | | | |
| 4.3 | Capital One | Last 4 digits of account number | 9677 | Unknown | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/22 Last Active 07/23 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | ■ Contingent | | | | |
| | ■ Debtor 1 only | _ | | | | |
| | ☐ Debtor 2 only | ■ Unliquidated ■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | |
| | \square At least one of the debtors and another | | | | | |
| | ☐ Check if this claim is for a community | | | | | |
| | debt Is the claim subject to offset? | | | | | |
| | ■ No | | | | | |
| | Yes | Other. Specify Charge Ac | count | | | |

| Debtor | 1 Jeremy Fain | Case number (if known) | | | | |
|--------|--|--|--|--------------|--|--|
| 4.4 | Chase Card Services | Last 4 digits of account number | 4395 | \$19,903.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 06/15 Last Active 11/23 | | | |
| - | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | | | |
| | Yes | ■ Other. Specify Credit Card | <u></u> | | | |
| 4.5 | IOU Financial, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | | \$445,683.44 | | |
| | 600 Townpark Ln NW STE 100 | When was the debt incurred? | | | | |
| | Kennesaw, GA 30144 | | a. Chaola all that apply | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | _ ' | | | | |
| | _ | ■ Disputed | d alaba. | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | |
| | ☐ Check if this claim is for a community debt | _ | | | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | |
| | Yes | ■ Other Specify Judgement | | | | |
| | | | | | | |
| 4.6 | Marcus by Goldman Sachs Nonpriority Creditor's Name | Last 4 digits of account number | 9375 | Unknown | | |
| | PO Box 45400 Salt Lake City, UT 84145-0400 | When was the debt incurred? | Opened 06/22 Last Active 08/23 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |

| Debtor 1 Jeremy Fain | | Case number (if known) | | | | | |
|----------------------|--|--|--|---|--|--|--|
| 4.7 | Mynt Advance Nonpriority Creditor's Name | Last 4 digits of account number | | Unknown | | | |
| | 633 167th St. Suite 804 | When was the debt incurred? | | | | | |
| | Miami, FL 33162 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | Contingent | | | | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ■ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | _ ' | | | | | |
| | _ | ■ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i ciaim: | | | | |
| | ☐ Check if this claim is for a community debt | _ | and in the second secon | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Business L | .oan | | | | |
| | - '' | — Other: Specify | | | | | |
| 4.8 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0812 | \$4,523.00 | | | |
| | Attn: Bankruptcy Po Box 9500 | When was the debt incurred? | Opened 08/11 Last Active 10/19/23 | | | | |
| | Wilkes Barre, PA 18773 Number Street City State Zip Code | | a. Chapte all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | S. Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | |
| | ☐ Check if this claim is for a community | ■ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | | |
| | ☐ Yes | Other. Specify | | | | | |
| | | Educationa | I | | | | |
| 4.9 | Navient | Last 4 digits of account number | 1021 | \$4,237.00 | | | |
| | Nonpriority Creditor's Name | _ | | • • • • • • • • • • • • • • • • • • • | | | |
| | Attn: Bankruptcy Po Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 10/13 Last Active 10/19/23 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify | | | | | |
| | | Educationa | ıl | | | | |

| Debtor | 1 Jeremy Fain | | Case number (if known) | | | | | |
|--------|---|--|---|------------|--|--|--|--|
| 4.10 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 1020 | \$4,181.00 | | | | |
| | Attn: Bankruptcy Po Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 10/14 Last Active 10/19/23 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | | |
| | | Educationa | al | | | | | |
| 4.11 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | 0810 | \$2,560.00 | | | | |
| | Attn: Bankruptcy Po Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 08/12 Last Active 10/19/23 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ At least one of the debtors and another | <u></u> ' | - <u> </u> | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loansObligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify | | | | | | |
| | | Education | al | | | | | |
| 4.12 | TD Bank, N.A. Nonpriority Creditor's Name | Last 4 digits of account number | 1904 | \$510.00 | | | | |
| | Td Bank Usbc Greenville, SC 29607 | When was the debt incurred? | Opened 05/23 Last Active 11/23 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | ■ Other. Specify Credit Care | d | | | | | |

| or 1 | Jeremy Fain | Case number (if known) | |
|------|---|---|--------|
| | WebBank | Last 4 digits of account number | Unknow |
| | Nonpriority Creditor's Name | 11 | |
| | 215 South State Street | When was the debt incurred? | |
| | Suite 800 | | |
| | Salt Lake City, UT 84111 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , a crimo dato you me, and common cricon an anatoppi, | |
| | ☐ Debtor 1 only | ■ Contingent | |
| | ☐ Debtor 2 only | ■ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Loan | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 30,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 30,000.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 15,501.00 |
| Total claims | _ | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 610,849.80 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 626,350.80 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this inform | | | | | |
|---------------------|------------------------|--------------------|------------|--|---------------------|
| Debtor 1 | Jeremy Fain | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| Case number | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | | name, number, | Street, City, State and ZIF | Code | |
|-----|---------|---------------|-----------------------------|----------|--------------|
| .1 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | City | | State | ZIF Code | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | | | <u> </u> | 710.0 | |
| 2.5 | City | | State | ZIP Code | |
| | Name | | | | _ |
| | Nicosia | Street | | | <u> </u> |
| | Number | Otroct | | | |

| Fill in th | is information to identify your | case: | | |
|--|--|---|--|--|
| Debtor 1 | | 00001 | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, | | Middle Name | Last Name | |
| | states Bankruptcy Court for the: | EASTERN DISTRICT O | | |
| orinted S | nates Bankruptcy Court for the. | LASTERN DISTRICT O | I NEW TORK | |
| Case nur (if known) | mber | | | ☐ Check if this is an |
| , | | | | amended filing |
| ⊃ffi⊲i. | al Farm 106U | | | |
| | al Form 106H | obtoro | | |
| ocne | dule H: Your Cod | eptors | | 12/15 |
| nd numinase num 1. Do N Y 2. W Califf N J 1. Do O D 1. Do D | ber the entries in the boxes on nber (if known). Answer every o you have any codebtors? (If lo es //ithin the last 8 years, have you fornia, Idaho, Louisiana, Nevada, lo. Go to line 3. es. Did your spouse, former spou olumn 1, list all of your codebt 2 again as a codebtor only if the | the left. Attach the Additiquestion. you are filing a joint case, do lived in a community pro New Mexico, Puerto Rico, T se, or legal equivalent live w ors. Do not include your shat person is a guarantor of | onal Page to this page. On o not list either spouse as a con- operty state or territory? (O exas, Washington, and Wisconith you at the time? spouse as a codebtor if you or cosigner. Make sure you | Community property states and territories include Arizona, |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | 7IP Code | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.1 | Burning Tree Gaming LL | С | | ☐ Schedule D, line |
| | 2705 Hempstead Turnpik | | | ■ Schedule E/F, line 4.1 |
| | Levittown, NY 11756 | | | ☐ Schedule G |
| | | | | Amazon Capital Services |
| | | | | |
| 3.2 | Burning Tree Gaming LL | С | | ☐ Schedule D, line |
| | 2705 Hempstead Turnpik | e | | Schedule E/F, line 4.13 |
| | Levittown, NY 11756 | | | ☐ Schedule G |
| | | | | WebBank |
| | | | | |
| 3.3 | Burning Tree Gaming LL | | | ☐ Schedule D, line |
| | 2705 Hempstead Turnpik | e | | ■ Schedule E/F, line4.7 |
| | Levittown, NY 11756 | | | □ Schedule G |
| | | | | Mynt Advance |

Official Form 106H Schedule H: Your Codebtors Page 1 of 2

| Debtor 1 | Jeremy Fain | Case number (if known) |
|----------|--|---|
| | Additional Page to List More Codebtors | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.4 | Burning Tree Gaming LLC | ☐ Schedule D, line |
| | 2705 Hempstead Turnpike Levittown, NY 11756 | ■ Schedule E/F, line 4.5 |
| | | ☐ Schedule G |
| | | IOU Financial, Inc. |
| 3.5 | Burning Tree Gaming LLC | ☐ Schedule D, line |
| | 2705 Hempstead Turnpike | ■ Schedule E/F, line 4.2 |
| | Levittown, NY 11756 | ☐ Schedule G |
| | | Bay First |

Official Form 106H Schedule H: Your Codebtors Page 2 of 2

| Fill | in this information to identify your case | e: | | | | | | | |
|--------------------|--|--|--|-------------------------|----------------|---|---------------------------|-----------------------------------|------------|
| Del | otor 1 Jeremy Fain | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | _ | | | | |
| | se number | | - | | | | ed filing ent showing | g postpetition ch | napter 13 |
| 0 | fficial Form 106l | | | | | income as | | ving date: | |
| | chedule I: Your Inco | me | | | | MM / DD/ \ | /YYY | | 12/15 |
| sup spo atta | as complete and accurate as possible plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the complex possible by the complex possible complex to the complex possible comp | re married and not filin spouse is not filing wit | g jointly, and your a h you, do not inclu | spouse is de informa | livir atior | ng with you, inclu n about your spou | de informa ise. If mor | ation about you e space is nee | ur ded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor : | 2 or non-fi | ling spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | Employment status | □ Not employed | | | ☐ Not e | mployed | | |
| | employers. | Occupation | CEO | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Mythic Gamin | g | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 955 Old Britton Bellmore, NY | | | | | | |
| | | How long employed th | nere? <u>5 Yea</u> ı | rs | | | | | |
| Par | t 2: Give Details About Mont | hly Income | | | | | | | |
| | mate monthly income as of the dat ss you are separated. | e you file this form. If y | ou have nothing to re | port for an | y line | e, write \$0 in the sp | ace. Includ | e your non-filing | g spouse |
| | u or your non-filing spouse have more ce, attach a separate sheet to this form | | oine the information f | or all emplo | oyers | for that person on | the lines b | elow. If you nee | d more |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A_ | |
| | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

| Debtor 1 | Jeremy Fain | _ | Case | number (if known) | | |
|--------------------|--|------------|-------------|-------------------|------------|-------------------------|
| | | | For | Debtor 1 | For Debtor | |
| C | ppy line 4 here | 4. | \$ | 0.00 | \$ | N/A |
| 5. Li | st all payroll deductions: | | | | | |
| 5a | | 5a. | \$ | 0.00 | \$ | N/A |
| 5b | · · · · · · · · · · · · · · · · · · · | 5b. | \$_ | 0.00 | \$ | N/A |
| 50 | · | 5c. | \$ | 0.00 | \$ | N/A |
| 50 | • | 5d. | \$ | 0.00 | \$ | N/A |
| 5€ | e. Insurance | 5e. | \$ | 0.00 | \$ | N/A |
| 5f | . Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A |
| 50 | union dues | 5g. | \$ | 0.00 | \$ | N/A |
| 5h | n. Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A |
| 6. A | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A |
| 7. C a | alculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A |
| 8. Li 8a | st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 0.0 | ¢ | 0.500.00 | ¢ | N/A |
| Oh | • | 8a. 8b. | \$_ \$ | 9,500.00 | \$ \$ | N/A |
| 8b 8c | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | · | 0.00 | · | N/A |
| | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | N/A |
| 80 | | 8d. | \$_ | 0.00 | \$ | N/A |
| 8e 8f | • • • • • • • • • | 8e. 8f. | \$_ \$ | 0.00 684.00 | \$ \$ | N/A N/A |
| 80 | 1 | — 8g. | \$ — | 0.00 | \$ | N/A N/A |
| 8h | , | 8h.+ | · - | | + \$ | N/A |
| 9. A d | dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 10,184.00 | \$ | N/A |
| | alculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 10 |),184.00 + \$_ | N/A | = \$ 10,184.00 |
| In ot Do | tate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your differences or relatives. To not include any amounts already included in lines 2-10 or amounts that are not avecify: | ependen | | | | +\$0.00 |
| | dd the amount in the last column of line 10 to the amount in line 11. The res rite that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | \$10,184.00 |
| 13. D o | o you expect an increase or decrease within the year after you file this form No. | ? | | | | Combined monthly income |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | | |
|-------|---|------------------------------------|----------------------|-----------------|----------------------|-------------------------------|
| Deb | otor 1 Jeremy Fain | | | Check | c if this is: | |
| Deh | otor 2 | | | _ | An amended filing | ing postpetition chapter 13 |
| 1 | ouse, if filing) | | | | expenses as of the f | |
| Unit | ted States Bankruptcy Court for the: EASTERN D | ISTRICT OF NEW YO | ORK | 1 | MM / DD / YYYY | |
| | se number | | | | | |
| (If k | (nown) | | | | | |
| 0 | fficial Form 106J | | | | | |
| | chedule J: Your Expenses | | | | | 12/1 |
| info | as complete and accurate as possible. If two ormation. If more space is needed, attach and known). Answer every question. | | | | | |
| Par | | | | | | |
| 1. | Is this a joint case? | | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate ho | usebold? | | | | |
| | □ No | usenoiu: | | | | |
| | ☐ Yes. Debtor 2 must file Official Forr | m 106J-2, <i>Expenses f</i> | or Separate Househ | old of Debtor | 2. | |
| 2. | Do you have dependents? ■ No | | | | | |
| | 20 1.01 1.01 2 02101 1 41.14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | out this information for dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | | | | ☐ Yes |
| | | | | | | □ No □ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | ☐ No |
| 2 | De veur eveenee include — | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than | | | | | |
| | yourself and your dependents? | | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Exp | enses | | | | |
| Est | timate your expenses as of your bankruptcy benses as of a date after the bankruptcy is fil- plicable date. | filing date unless yo | | | | |
| | lude expenses paid for with non-cash govern | | | | | |
| | ue of such assistance and have included it o ficial Form 106l.) | n Schedule I: Your I | ncome | | Your expe | enses |
| (Ο. | 10101.7 | | | | | |
| 4. | The rental or home ownership expenses for payments and any rent for the ground or lot. | or your residence. Ind | clude first mortgage | 4. \$ | | 5,005.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insur | | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep | • | | 4c. \$ | | 0.00 |
| 5. | 4d. Homeowner's association or condominic Additional mortgage payments for your res | | e equity loans | 4d. \$ 5. \$ | | 0.00 |
| | | | 1. 7 | v | | 0.00 |

| ebtor 1 | Jeremy Fain | Case num | ber (if known) | |
|----------------------|--|----------|----------------|--------------------------|
| +: | ities: | | | |
| . Util 6a. | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 20.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 100.00 |
| 6d. | Other. Specify: Cell Phone | 6d. | · | 100.00 |
| | d and housekeeping supplies | — 7. | · | 1,200.00 |
| | dcare and children's education costs | 8. | \$ | 0.00 |
| | thing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | sonal care products and services | 10. | \$ | 50.00 |
| | lical and dental expenses | 11. | \$ | 50.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | | Ψ | 30.00 |
| | not include car payments. | 12. | \$ | 100.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| | irance. | | • | <u> </u> |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 150.00 |
| 15b | . Health insurance | 15b. | \$ | 0.00 |
| 15c | Vehicle insurance | 15c. | \$ | 600.00 |
| 15d | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | · - | |
| | cify: | 16. | \$ | 0.00 |
| '. Inst | allment or lease payments: | | | |
| 17a | Car payments for Vehicle 1 | 17a. | \$ | 296.73 |
| 17b | . Car payments for Vehicle 2 | 17b. | \$ | 684.17 |
| 17c | Other. Specify: | 17c. | \$ | 0.00 |
| 17d | Other. Specify: | 17d. | \$ | 0.00 |
| . You | r payments of alimony, maintenance, and support that you did not report as | | _ | |
| ded | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · . | 0.00 |
|). O th | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| | cify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sched | | | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| 20d | . Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | er: Specify: | 21. | +\$ | 0.00 |
| Cal | culate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 8,555.90 |
| | · · | | \$ | 0,000.90 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | · | |
| 22c | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 8,555.90 |
| . Cal | culate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 10,184.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | · | 8,555.90 |
| | 1777 | _00. | * | <u> </u> |
| 23c | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | 1,628.10 |
| | • | | | |
| | you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your r | | | or decrease because of a |
| | ification to the terms of your mortgage? | 5 5 1 | | |
| = 1 | No. | | | |
| П, | | | | |

| Fill in this infor | mation to identify your | case: | | | | | |
|------------------------|--|--------------------------|-----------------|-----------------------|----------------|--|---|
| Debtor 1 | Jeremy Fain | | | | | | |
| | First Name | Middle Name | Last N | ame | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last N | ame | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | , | | | |
| Case number (if known) | | | | | | ☐ Check if this is ar amended filing | า |
| You must file thi | is form whenever you fi | n connection with a banl | s or amended s | chedules. Making | a false state | ment, concealing property, o), or imprisonment for up to | |
| Sig | ın Below | | | | | | |
| Did you pa ■ No | ay or agree to pay some | one who is NOT an attor | rney to help yo | u fill out bankrupt | cy forms? | | |
| _ | Name of person | | | | | nkruptcy Petition Preparer's No n, and Signature (Official Form | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | nmary and sch | dules filed with th | nis declaratio | n and | |
| X /s/.ler | remy Fain | | х | | | | |
| Jerem | ny Fain Ire of Debtor 1 | | | Signature of Debtor 2 | 2 | | |
| Date _ | February 29, 2024 | | | Date | | | |
| | | | | | | | |

| Fill in tl | his inform | ation to identify your | case: | | | |
|---|----------------|--|--|---|--|---|
| Debtor ' | 1 | Jeremy Fain | | | | |
| Dahtan (| 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if | | First Name | Middle Name | Last Name | | |
| United S | States Ban | kruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| Case nu | umher | | | | | |
| (if known) | | | | | | Check if this is an amended filing |
| Offici | ial Fo | m 107 | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 04/2 |
| nformat | tion. If ments | ore space is needed, a er every question. | • • | this form. On the top of any | qually responsible for supp additional pages, write you | , , |
| | | current marital statu | | | | |
| _ | - | | | | | |
| | Married | iad | | | | |
| _ | Not mar | ied | | | | |
| 2. Dur | ring the la | st 3 years, have you | ived anywhere other than | where you live now? | | |
| | No | | | | | |
| | Yes. List | all of the places you live | red in the last 3 years. Do not | include where you live now. | | |
| De | ebtor 1: | | Dates Debtor 1 there | lived Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| | nd territorie | | | | ty property state or territory Texas, Washington and Wisc | |
| | No Yes Ma | ke sure vou fill out Sch | edule H: Your Codebtors (Off | ficial Form 106H) | | |
| | 1 C3. IVIA | ke sure you fill out 30/16 | edule 11. Tour Codebiors (On | nciai i oitti 10011). | | |
| Part 2 | Explai | n the Sources of You | Income | | | |
| Fill | in the total | amount of income you | received from all jobs and all | g a business during this ye businesses, including part-tim ogether, list it only once under | | dar years? |
| | No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2023) | | | ☐ Wages, commissions, bonuses, tips | \$50,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

| Del | otor 1 <u>Je</u> | remy Fair | 1 | | Cas | e number (if known) | | |
|-----|--|-------------------------|----------------------------------|--|--|---------------------------|---------------|------------------------------------|
| | | | | | | | | |
| | | | | D 14 4 | | 5.1. | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income | Gross income | Sources of inc | | Gross income |
| | | | | Check all that apply. | (before deductions and exclusions) | Check all that a | oply. | (before deductions and exclusions) |
| | | | | | , | | | and onergone) |
| | | dar year be December | | ☐ Wages, commissions, bonuses, tips | \$50,000.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | Operating a business | ☐ Operating a business | | | | |
| Foi | the calen | dar year: | | ☐ Wages, commissions, | \$30,000.00 | ☐ Wages, com | missions. | |
| (Ja | nuary 1 to | December | 31, 2021) | bonuses, tips | . , | bonuses, tips | , | |
| | | | | Operating a business | | ☐ Operating a | business | |
| | you are fili List each s | ng a joint ca | se and you ha | cions; rental income; interest; divave income that you received too | gether, list it only once under I | Debtor 1. | - | ng and lottery winnings. If |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income | Gross income from | Sources of inc | ome | Gross income |
| | | | | Describe below. | each source (before deductions and exclusions) | Describe below. | | (before deductions and exclusions) |
| Par | t 3: List | Certain Pa | vments You | ı Made Before You Filed for E | Bankruptcy | | | |
| | | | , | | | | | |
| 6. | No. | Neither De individual p | ebtor 1 nor I orimarily for a | 's debts primarily consumer Debtor 2 has primarily consumer personal, family, or household pore you filed for bankruptcy, did | mer debts. Consumer debts purpose." | | l.S.C. § 101(| 8) as "incurred by an |
| | | | Go to line | | you pay any creditor a total or | ψ1,515 of filore: | | |
| | | □ Yes | | | - t-t-l -f 07 575* i | | | -4-1 |
| | | | creditor. De payments t | each creditor to whom you paid o not include payments for dom- to an attorney for this bankrupto t on 4/01/25 and every 3 years a | estic support obligations, sucl y case. | h as child support a | and alimony. | |
| | Yes. | • | • | or both have primarily consu | | arter tire date or da | , 404 | |
| | _ 100. | | | ore you filed for bankruptcy, did | | \$600 or more? | | |
| | | ■ No. | Go to line | 7. | | | | |
| | | □ Yes | | each creditor to whom you paid for domestic support obligations uptcy case. | | • | • | |
| | Creditor' | s Name and | d Address | Dates of payme | nt Total amount | Amount you | Was this | payment for |
| | Orcanor | o ranno an | a Addi Coo | bates of payme | paid | still owe | Was tills | payment for |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
| | ■ No □ Yes. | List all pavm | nents to an in: | sider. | | | | |
| | | Name and | | Dates of payme | nt Total amount | Amount you | Reason fo | or this payment |
| | | | | | paid | still owe | | |

| Debtor 1 Jeremy Fain | | | Case number (if known) | | | | | | |
|---|--|---|---|---|----------------------|---|-----------------------|--|--|
| 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that I insider? | | | | | | | hat benefited an | | |
| | Includ | de payments on debts guaranteed or cosigr | ned by an insider. | | | | | | |
| | | No Yes. List all payments to an insider | | | | | | | |
| | Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for thi | | | |
| Par | t 4: | Identify Legal Actions, Repossessions | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | | Nature of the case | Court or agency | | Status of the case | | | |
| | | Financial v. Jeremy Fain | Loan Default | State Court of Georgia Dekalb County | | □ Pending□ On appeal■ Concluded | | | |
| | Clea | ar Fund v. Jeremy Fain | | | | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | Blue | e Fund v. Jeremy Fain | | | | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| 10. | Withi Chec | in 1 year before you filed for bankruptc k all that apply and fill in the details below. | y, was any of your proper | ty repossessed, for | reclosed, garnish | ed, attached, sei | zed, or levied? | | |
| | | No. Go to line 11. | | | | | | | |
| | • | Yes. Fill in the information below. | | | | | | | |
| | Cred | ditor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | | Explain what happened | | | | | | |
| | Clea | ar Fund | | | | | \$149,000.00 | | |
| | | | ☐ Property was reposses☐ Property was foreclose☐ Property was garnished | ed. | | | | | |
| | | | ■ Property was attached, | seized or levied. | | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | | |
| | | ditor Name and Address | Describe the action the creditor took Date take | | | action was Amoui | | | |
| 12. | court | in 1 year before you filed for bankruptc t-appointed receiver, a custodian, or an No Yes | | ty in the possessio | | | f creditors, a | | |

| Del | otor 1 Jeremy Fain | Case number | (if known) | |
|-----|--|--|--------------------------|------------------------|
| | | | | |
| | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | |
| 3. | Within 2 years before you filed for bankruptcy ☐ No | , did you give any gifts with a total value of more th | an \$600 per person? | |
| | Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| | School | Pokemon Lunch Boxes | 7/15/2023 | \$15,000.00 |
| | | | | |
| | Person's relationship to you: | | | |
| | | | | |
| 14. | No No | , did you give any gifts or contributions with a total | value of more than \$6 | oud to any charity? |
| | Yes. Fill in the details for each gift or contribu | ition. | | |
| | Gifts or contributions to charities that total | Describe what you contributed | Dates you | Value |
| | more than \$600 Charity's Name | | contributed | |
| | Address (Number, Street, City, State and ZIP Code) | | | |
| Par | rt 6: List Certain Losses | | | |
| | | | | |
| 15. | or gambling? | or since you filed for bankruptcy, did you lose anytl | ning because of theft, | tire, other disaster, |
| | | | | |
| | No Yes. Fill in the details. | | | |
| | _ | oviha anu incurance acusessa for the lace | Data of wave | Value of property |
| | how the loss occurred | cribe any insurance coverage for the loss ude the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | | rance claims on line 33 of Schedule A/B: Property. | | |
| Par | rt 7: List Certain Payments or Transfers | | | |
| | | | _ | |
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepa | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? | r transfer any propert | y to anyone you |
| | | rs, or credit counseling agencies for services required in | your bankruptcy. | |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid | Description and value of any property | Date payment or | Amount of |
| | Address Email or website address | transferred | transfer was made | payment |
| | Person Who Made the Payment, if Not You | | made | |
| | Macco Law Group, LLP | For services rendered in connection | | \$4,000.00 |
| | 2950 Express Drive South | with this instant filing \$10,000.00, plus | | |
| | Suite 109 Islandia, NY 11749 | \$30.00 to run a credit report. Filing fee \$313.00. See 2016(b) Statement | | |
| | , | attached. | | |

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you li | s or to make payments to | | ehalf pay or transfer ar | y property to anyone who |
|-----|---|--|-------------------------------|---|---|
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | Description and value transferred | ue of any proper | ty Date pay transfer made | |
| 18. | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad gifts and transfers that you have already listed on | isiness or financial affairs le as security (such as the g | ? | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Received Transfer Address | Description and value property transferred | | Describe any propert payments received o paid in exchange | |
| | Person's relationship to you | | | | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No | ccy, did you transfer any p ection devices.) | roperty to a self | -settled trust or similar | device of which you are a |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of trust | Description and value | ue of the propert | y transferred | Date Transfer was made |
| | Contain Figure 1 Assessment In a | | | - 11-24- | |
| | List of Certain Financial Accounts, Inst Within 1 year before you filed for bankruptcy | | | | or for your benefit closed |
| 20. | Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other financial accounts; | certificates of d | • | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | Type of account instrument | or Date account closed, sold, moved, or transferred | was Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables? | ear before you filed for ba | nkruptcy, any sa | afe deposit box or othe | r depository for securities, |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acces Address (Number, Stree and ZIP Code) | | escribe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | · | me within 1 year | before you filed for ba | ankruptcy? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had to it? Address (Number, Stree and ZIP Code) | | escribe the contents | Do you still have it? |
| | | | | | |

Debtor 1

Jeremy Fain

Case number (if known)

| Par | rt 9: Identify Property You Hold or Control for S | Someone Else | | | | | | | |
|-----|---|--|---|-----------------------|--|--|--|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | |
| Par | tt 10: Give Details About Environmental Informa | tion | | | | | | | |
| For | the purpose of Part 10, the following definitions a | pply: | | | | | | | |
| | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air controlling the cleanup of these substances, was | , land, soil, surface water, groundv | - - | | | | | | |
| | Site means any location, facility, or property as cown, operate, or utilize it, including disposal site | | aw, whether you now own, operate, or | utilize it or used to | | | | | |
| | Hazardous material means anything an environmenterial, pollutant, contaminant, or similar term. | | waste, hazardous substance, toxic sub | ostance, hazardou | | | | | |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of when t | they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that you | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any envir | onmental law? Include settlements an | d orders. | | | | | |
| | - | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title | Court or aganay | Nature of the case | Status of the | | | | | |
| | Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | case | | | | | |
| Par | t 11: Give Details About Your Business or Conn | nections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | lid you own a business or have any | y of the following connections to any b | ousiness? | | | | | |
| | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | (, eeaao paraioroin | r (<i>)</i> | | | | | | |
| | ☐ An officer, director, or managing executi | ve of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or e | • | | | | | | | |
| | _ All owner or at least 0/001 the voting of t | squity securities of a corporation | | | | | | | |

Debtor 1

Jeremy Fain

Case 8-24-70793-ast Doc 1 Filed 02/29/24 Entered 02/29/24 14:52:26 Debtor 1 **Jeremy Fain** Case number (if known) ☐ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Do not in | Identification number clude Social Security number or ITIN. |
|---------------|--|---|---------------|---|
| | Mythic Games LLC 955 Old Britton Rd | Retail Toys | EIN: | 83-3954999 |
| | Bellmore, NY 11710 | | From-To | 3/29/2019 |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about | your business? Include all financial |
| | Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| Part | 112: Sign Below | | | |
| true bank | re read the answers on this <i>Statement of Fir</i> and correct. I understand that making a fals ruptcy case can result in fines up to \$250,0 .S.C. §§ 152, 1341, 1519, and 3571. | se statement, concealing property, or obtai | ning money o | |
| /s/ | Jeremy Fain | _ | | |
| | emy Fain nature of Debtor 1 | Signature of Debtor 2 | | |
| Date | e <u>February 29, 2024</u> | Date | | |
| Did y ■ N □ Y | | ent of Financial Affairs for Individuals Filin | g for Bankrup | otcy (Official Form 107)? |
| Did y | you pay or agree to pay someone who is no | t an attorney to help you fill out bankruptc | y forms? | |

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|------------------------------|--|--|--|--|--|
| Debtor 1 | Jeremy Fain | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States B | ankruptcy Court for the: | Eastern District of New York | | | | | |
| Case number (if known) | | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | |
| 1. Disposable income is not determined u 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part 1: | Calculate Your Average Monthly Income |
|----------|---------------------------------------|
| i ait i. | Calculate Four Average Monthly Moonie |

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | months, add the income for all 6 months and divide the total wn the same rental property, put the income from that proper | | | | | | | | both spouses |
|----|--|-------|---------------|---------|-------------------|-------------------|----------|--|--------------|
| | | | | | | Column A Debtor 1 | 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtim payroll deductions). | e, an | d commissio | ns (bei | fore all | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | de pa | yments from a | spous | e if | \$ | 0.00 | \$ | |
| 4. | 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | | | | | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | De | ebtor 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ | 9,50 | 00.00 | | | | | |
| | Ordinary and necessary operating expenses | \$ | | 0.00 | | | | | |
| | Net monthly income from a business, profession, or farm | \$ | 9,50 | 00.00 | Copy here -> 3 | § | 9,500.00 | \$ | |
| 6. | Net income from rental and other real property | De | ebtor 1 | | | | | | |
| | Gross receipts (before all deductions) | | \$ 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | | -\$ 0.00 | - | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy | y here -> | \$ | 0.00 | \$ | |

Case number (if known)

| | | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
|-----|--|---|---|-------------------------------------|-------------------|--------------|--------------------------------|------------|----------------------------|
| 7 | Interest d | ividends, and royalties | | | \$ | 0.00 | \$ | | |
| | • | ment compensation | | | \$ | 0.00 | \$ | | |
| - | Do not ent | er the amount if you contend that the amou urity Act. Instead, list it here: | ınt received was a benefit un | der the | <u> </u> | 0.00 | * | | |
| | For you | | \$ 0.0 | 0 | | | | | |
| | | spouse | \$ | | | | | | |
| 9. | Pension of under the st include and Governme a member 61 of title 1 of retired p | r retirement income. Do not include any Social Security Act. Also, except as stated a compensation, pension, pay, annuity, or an in connection with a disability, combat-re of the uniformed services. If you received a 0, then include that pay only to the extent ay to which you would otherwise be entitleder than chapter 61 of that title. | amount received that was a in the next sentence, do not allowance paid by the United elated injury or disability, or dany retired pay paid under chat it does not exceed the ar | States eath of apter nount | \$ | 0.00 | \$ | | |
| 10. | Do not incl as a victim terrorism; of States Gov death of a | om all other sources not listed above. ude any benefits received under the Socia of a war crime, a crime against humanity, or compensation, pension, pay, annuity, or vernment in connection with a disability, co member of the uniformed services. If nece age and put the total below. | I Security Act; payments reco or international or domestic allowance paid by the United mbat-related injury or disabil | eived d ity, or | | | | | |
| | | | | | \$ | 0.00 | \$ | | |
| | _ | | | _ | \$ | 0.00 | \$ | | |
| | Т | otal amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | | your total average monthly income. Acon. Then add the total for Column A to the | | \$ | 9,500.00 | + \$_ | | =[\$_ | 9,500.00 |
| art | 2: Det | ermine How to Measure Your Deductio | ons from Income | | | | | | otal average onthly income |
| | | r total average monthly income from lit | ne 11 | | | | | \$ | 9,500.00 |
| | ■ You a | re not married. Fill in 0 below. | | | | | | | |
| | ☐ You a | are married and your spouse is filing with y | ou. Fill in 0 below. | | | | | | |
| | Fill in | are married and your spouse is not filing wi the amount of the income listed in line 11, as payment of the spouse's tax liability or t | Column B, that was NOT re | | | | | ou or you | ur dependents, |
| | Belov | y, specify the basis for excluding this incor arate page. | | | • | • | • | additiona | al adjustments on |
| | If this | adjustment does not apply, enter 0 below. | | | | | | | |
| | | | | \$ | | _ | | | |
| | | | | , \$ | | _ | | | |
| | | | | +\$ | | | | | |
| | | Total | | \$ | 0.00 |)c | opy here=> | <u>-</u> _ | 0.00 |
| 14. | Your cur | rent monthly income. Subtract line 13 f | rom line 12. | | | | | \$ | 9,500.00 |
| 15. | Calculate | e your current monthly income for the | year. Follow these steps: | | | | | | |
| | 15a. Co | py line 14 here=> | | | | | | \$ | 9,500.00 |

Debtor 1 **Jeremy Fain**

| Debto | r 1 | Jere | emy Fain | Case number (if known) | |
|-------|--------|---------|---|---|--------------------------------|
| | | М | ultiply line 15a by 12 (the number of months in a ye | vear). | x 12 |
| | 151 | o. Th | e result is your current monthly income for the year | ear for this part of the form | \$114,000.00 |
| 16. | Calc | ulate | the median family income that applies to you | J. Follow these steps: | |
| | 16a. | Fill in | the state in which you live. | NY | |
| | 16b. | Fill in | the number of people in your household. | 1 | |
| | 16c. | | the median family income for your state and size | | \$ 66,402.00 |
| | | | nd a list of applicable median income amounts, go actions for this form. This list may also be available | | |
| 17. | How | do th | ne lines compare? | | |
| | 17a. | | | he top of page 1 of this form, check box 1, <i>Disposable inco</i> . Il out <i>Calculation of Your Disposable Income</i> (Official Form | |
| | 17b. | • | | page 1 of this form, check box 2, <i>Disposable income is dete</i> tion of Your Disposable Income (Official Form 122C-2) re. | |
| Part | 3: | Ca | culate Your Commitment Period Under 11 U.S | S.C. § 1325(b)(4) | |
| 18. | Сор | y you | r total average monthly income from line 11 . | · | \$\$ |
| 19. | that | calcul | | arried, your spouse is not filing with you, and you contend 325(b)(4) allows you to deduct part of your spouse's income | |
| | 19a. | If the | marital adjustment does not apply, fill in 0 on line | 19a. | -\$0.00 |
| | 19b. | Subt | ract line 19a from line 18. | | \$ |
| 20. | Calc | ulate | your current monthly income for the year. For | ollow these steps: | |
| | 20a. | Сору | line 19b | | \$9,500.00 |
| | | Multi | oly by 12 (the number of months in a year). | | x 12 |
| | 20b. | The | result is your current monthly income for the year f | for this part of the form | \$114,000.00 |
| | 20c. | Сору | the median family income for your state and size | of household from line 16c | \$ 66,402.00 |
| | 21. | How | do the lines compare? | | |
| | | | Line 20b is less than line 20c. Unless otherwise cis 3 years. Go to Part 4. | ordered by the court, on the top of page 1 of this form, chec | k box 3, The commitment period |
| | | | Line 20b is more than or equal to line 20c. Unless commitment period is 5 years. Go to Part 4. | s otherwise ordered by the court, on the top of page 1 of this | s form, check box 4, The |
| Part | 4: | Sig | n Below | | |
| | By s | igning | here, under penalty of perjury I declare that the in | nformation on this statement and in any attachments is true | and correct. |
| Х | /s/ | Jere | my Fain | | |
| | | | Fain e of Debtor 1 | | |
| | Date | | oruary 29, 2024 | | |
| | If v.c | | / DD / YYYY Sked 17a, do NOT fill out or file Form 122C-2. | | |
| | • | | | form. On line 30 of that form, convivour ourrent monthly inc | come from line 1/1 abovo |
| | ii yO | u UIIE | mod 175, iii out i oiiii 1220-2 and iiie it with this i | form. On line 39 of that form, copy your current monthly inc | JULIO HULLING 14 ADUVE. |

| Debtor 1 | Jeremy Fain | Case number (if known) | |
|----------|-------------|------------------------|--|
| | | | |

| Fill in | this information to | identify yo | ur case: | | | | | |
|------------------|---|----------------------------|--|--|---|-----------------------|---------------|----------|
| Debtor | Jeremy Fa | ain | | | | | | |
| Debtor (Spous | ee, if filing) | | | | | | | |
| United | States Bankruptcy Co | urt for the: | Eastern District of Ne | ew York | | | | |
| Case r | number wn) | | | | | ☐ Check if this is | an amended | d filing |
| Cha | • | | of Your Dis | - | | | | 04/22 |
| | out this form, you will itment Period (Officia | | completed copy of Ca | hapter 13 Statemer | nt of Your Current N | nonthly Income and | l Calculation | of |
| is need | | sheet to th | ole. If two married peo is form, Include the li nown). | | | | | |
| Part 1 | Calculate Your | Deductions | from Your Income | | | | | |
| que | stions in lines 6-15. T | o find the I | issues National and L RS standards, go onli t the bankruptcy clerk | ine using the link s | | | | |
| if th | ey are higher than the s | tandards. D | lines 6-15 regardless on not include any operated from your spouse's in | ting expenses that yo | ou subtracted from in- | | | |
| If yo | our expenses differ from | n month to m | onth, enter the average | expense. | | | | |
| Note | e: Line numbers 1-4 are | e not used in | this form. These numb | ers apply to informat | ion required by a sim | ilar form used in cha | pter 7 cases. | |
| 5. | The number of peop | ole used in | determining your ded | uctions from incon | ne | | | |
| | | nal depende | ould be claimed as exer nts whom you support. | | | | 1 | |
| Nat | ional Standards | You mu | ust use the IRS National | l Standards to answe | er the questions in line | es 6-7. | | |
| 6. | | | s: Using the number of pothing, and other items. | | n line 5 and the IRS N | National Standards, | \$ | 841.00 |
| 7. | the dollar amount for people who are 65 or | out-of-pocke olderbecau | vance: Using the number the alth care. The numbers older people have a may deduct the addition | per of people is split i higher IRS allowance | nto two categoriesp e for health car costs | eople who are under | 65 and | |

| Debtor 1 | J | eremy Fain | | | | Case number (if k | nown) | | | |
|--------------|--------------|---|------------------|-------------------------------|------------|-------------------|-------------|----------------|----------------------|-----------------|
| Peop | le w | who are under 65 years of age | | | | | | | | |
| | 7a. | Out-of-pocket health care allowance per person | \$ | 79 | | | | | | |
| - | 7b. | Number of people who are under 65 | X | 1 | | | | | | |
| • | 7c. | Subtotal. Multiply line 7a by line 7b. | \$ | 79.00 | - | Copy here=> | \$ | 79.00 | | |
| Peop | le w | vho are 65 years of age or older | | | | | | | | |
| | 7d. | Out-of-pocket health care allowance per person | \$ | 154 | | | | | | |
| | 7e. | Number of people who are 65 or older | X | 0 | | | | | | |
| • | 7f. | Subtotal. Multiply line 7d by line 7e. | \$_ | 0.00 | - | Copy here=> | \$ | 0.00 | | |
| | 7g. | Total. Add line 7c and line 7f | | | \$ | 79.00 | Copy t | otal here=> | \$ | 79.00 |
| Loop | C 4. | andards You must use the IRS Local Standards to | 000110 | or the guestion | o in lines | 0 15 | | | | |
| Base | d oı | n information from the IRS, the U.S. Trustee Prog | | • | | | or housing | for bankr | uptcy | |
| | | s into two parts: | | | | | | | | |
| | | ing and utilities - Insurance and operating expens ing and utilities - Mortgage or rent expenses | ses | | | | | | | |
| | | er the questions in lines 8-9, use the U.S. Trustee | Drogr | ram chart. To | find the | chart go onlir | ne usina th | na link ena | cified in t | ha sanarata |
| instru 8. | uctio Hou | ons for this form. This chart may also be availabled in this form. This chart may also be availabled in and utilities - Insurance and operating expedibilities. Insurance and operating expedibilities on the country for insurance and operating expedibilities. | e at th nses: | e bankruptcy Using the num | clerk's | office. | _ | _ | omea m u | 685.00 |
| | | using and utilities - Mortgage or rent expenses: | operau | ing expenses. | | | | Ψ_ | | |
| | | Using the number of people you entered in line 5, fill | in the | dollar amount | | | | | | |
| | | listed for your county for mortgage or rent expenses. | | aonai airioani | | | \$2 | ,710.00 | | |
| 9 | 9b. | Total average monthly payment for all mortgages and | d other | debts secure | d by your | home. | | | | |
| | | To calculate the total average monthly payment, add contractually due to each secured creditor in the 60 bankruptcy. Next divide by 60. | | | for | | | | | |
| | | Name of the creditor | | Average mo payment | nthly | | | | | |
| | | ServiceMac/Movement | | \$\$ | 005.05 | | | | | |
| | | 9b. Total average monthly payme | nt | \$5,0 | 005.05 | Copy here=> | \$ | 5,005.05 | Repeat th on line 33 | is amount a. |
| , | 9c. | Net mortgage or rent expense. | l | | | | | | | |
| | | Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, enter \$1.00 to \$1.0 | | 9a (<i>mortgage</i> | or | \$ | 0.00 | Copy here=> | \$ | 0.00 |
| | • | ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fill | | | | • | ncorrect a | ınd | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | |

| Debtor 1 | Jeremy Fain | | | | Case number (| if known) | | |
|----------|--|--|-------------------|-------------------|--------------------------|-----------------|--------------------------------------|--------|
| 11. | Local transportation expense | s: Check the number of vehic | les for which | n you claim an o | ownership o | r operating exp | pense. | |
| | ☐ 0. Go to line 14. | | | | | | | |
| | ☐ 1. Go to line 12. | | | | | | | |
| | 2 or more. Go to line 12. | | | | | | | |
| | Vehicle operation expense: Usexpenses, fill in the Operating C | 0 | | | | | operating \$ | 758.00 |
| | Vehicle ownership or lease ex may not claim the expense if you two vehicles. | | | | | | | |
| Veh | Describe Vehicle 1: | 2020 Lexus CS350 30 | ,000 miles | Subject to | lien | | | |
| 13a. | Ownership or leasing costs usin | g IRS Local Standard | | | \$ | 629.00 | | |
| 13b. | Average monthly payment for all | debts secured by Vehicle 1. | | | | | | |
| | Do not include costs for leased v | vehicles. | | | | | | |
| | To calculate the average monthly contractually due to each secure Then divide by 60. | | | | | | | |
| | Name of each creditor fo | r Vehicle 1 | Average paymen | monthly | | | | |
| | Td Auto Finance | | \$ | 296.73 | | | | |
| | | | | | 1 | | Repeat this | |
| | Total . | Average Monthly Payment | \$ | 296.73 | Copy here => | -\$ 296 | amount on line 33b. | |
| 13c | Net Vehicle 1 ownership or lease | 2 eynense | | | J | | Copy net | |
| | Subtract line 13b from line 13a. | • | enter \$0 | | \$ | 332.27 | Vehicle 1 expense here => \$ _ | 332.27 |
| Veh | nicle 2 Describe Vehicle 2: | 2020 Audi A4 40,000 r | niles Sub | iect to lien | | | | |
| | Ownership or leasing costs usin | | | | \$ | 629.00 | | |
| 13e. | Average monthly payment for all leased vehicles. | - | | | · | | | |
| | Name of each creditor fo | r Vehicle 2 | Average paymen | monthly | | | | |
| | Td Auto Finance | | \$ | 684.17 | | | | |
| | Total | average monthly payment | \$ | 684.17 | Copy here => -\$ _ | 684.1 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease | e expense | | | | | Copy net | |
| | Subtract line 13e from line 13d. | • | enter \$0 | | \$ | 0.00 | Vehicle 2 expense here => \$ _ | 0.00 |
| | Public transportation expense Public Transportation expense | | | | | | :he \$ | 0.00 |
| 15. | Additional public transportation exmore than the IRS Local Standa | on expense: If you claimed 1 pense, you may fill in what yo | or more vel | nicles in line 11 | and if you | claim that you | | 0.00 |

Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense the following IRS categories | | listed above, yo | ou are allowed your monthly expenses | for | |
|-----|---|---|--------------------------------------|--|--|----------|----------|
| 16. | self-employment taxes, soci | al security taxes, and Medic er, if you expect to receive a nonthly amount that is withh | are taxes. Y tax refund, y | ou may includ you must divid | cal taxes, such as income taxes, e the monthly amount withheld from yo e the expected refund by 12 and subtr | | 3,000.00 |
| 17. | | | luctions that | your job requi | res, such as retirement contributions, | | |
| | union dues, and uniform cos | | | -lt 404/L | A contaile ation of a contail on the co | \$ | 0.00 |
| 40 | | | | | contributions or payroll savings. | | |
| 18. | B. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | | | | · · | 0.00 |
| 19. | Court-ordered payments: | The total monthly amount the | hat you pay | as required by | the order of a court or administrative | | |
| | agency, such as spousal or | | | | | c | 0.00 |
| | Do not include payments on | past due obligations for spe | ousal or chil | d support. You | will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month | | education the | at is either requ | uired: | | |
| | as a condition for your jo | b, or | | | | | |
| | for your physically or me | ntally challenged dependent | child if no p | oublic educatio | n is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month Do not include payments for | | | | ng, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | | | | | |
| | Payments for health insurar | • | | | | \$ | 0.00 |
| 23. | you and your dependents, s service, to the extent necess is not reimbursed by your er | uch as pagers, call waiting, sary for your health and welf nployer. r basic home telephone, inte | caller identificate or that controls | fication, special of your dependent Il phone service | u pay for telecommunication services for all long distance, or business cell phonents or for the production of income, if the continuous production of income in the continuous previously deducted. | е | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS expo | ense allowa | ances. | | \$ | 5,695.27 |
| Add | itional Expense Deduction | s These are additional Note: Do not include | | | | | |
| 25. | | | | | es. The monthly expenses for health ecessary for yourself, your spouse, or | · your | |
| | Health insurance | | \$ | 0.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | _ | | |
| | Total | | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this to No. How much do y | | | | _ | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reason | onable and necessary care a ur immediate family who is u | and support inable to pay | of an elderly, or of such expe | actual monthly expenses that you will chronically ill, or disabled member of your enses. These expenses may include | | 0.00 |
| 27. | | violence. The reasonably r | necessary m | onthly expense | es that you incur to maintain the safety er federal laws that apply. | y of | |
| | By law, the court must keep | • | | | , | \$ | 0.00 |

Debtor 1 **Jeremy Fain**

| Debtor 1 | Jeremy Fain | Case | number (if known) | | | | |
|----------|--|---|-------------------|------------------------------------|-------------------------|-------|-----------|
| 28. | Additional home energy costs. Your home | energy costs are included in your insurance and | d operating expe | enses on | line 8. | | |
| | If you believe that you have home energy cost then fill in the excess amount of home energy | s that are more than the home energy costs inccosts | luded in expens | es on line | 8, | | |
| | You must give your case trustee documentation claimed is reasonable and necessary. | on of your actual expenses, and you must show | that the addition | nal amoui | nt | \$ | 0.00 |
| | | en who are younger than 18. The monthly expendent children who are younger than 18 years of | | | oublic | | |
| | You must give your case trustee documentation reasonable and necessary and not already accessary and some street and some street and some street and some street are some some street and some street and some street are some some street and some street are | on of your actual expenses, and you must explai counted for in lines 6-23. | in why the amou | ınt claime | ed is | | |
| | * Subject to adjustment on 4/01/25, and every | 3 years after that for cases begun on or after th | ne date of adjus | tment. | | \$ | 0.00 |
| | | e monthly amount by which your actual food and es in the IRS National Standards. That amount ational Standards. | | | | | |
| | To find a chart showing the maximum addition this form. This chart may also be available at | nal allowance, go online using the link specified the bankruptcy clerk's office. | in the separate | instructio | ns for | | |
| | You must show that the additional amount cla | imed is reasonable and necessary. | | | | \$ | 0.00 |
| | Continuing charitable contributions. The a instruments to a religious or charitable organizations. | amount that you will continue to contribute in the cation. 11 U.S.C. § 548(d)(3) and (4). | e form of cash o | r financia | I | | |
| | Do not include any amount more than 15% of | your gross monthly income. | | | | \$ | 0.00 |
| | Add all of the additional expense deduction Add lines 25 through 31. | ons. | | | | \$ | 0.00 |
| Dedu | ictions for Debt Payment | | | | | | |
| Т | and other secured debt, fill in lines 33a thro o calculate the total average monthly payment ne 60 months after you file for bankruptcy. The Mortgages on your home | , add all amounts that are contractually due to e | each secured cre | editor in | | _ | e monthly |
| 33a. | Copy line 9b here | | | | => \$ | aymer | 5,005.05 |
| 004. | Loans on your first two vehicles | | | | , · · · | | 0,000.00 |
| 33b. | 0 " 40" ! | | | | => \$ | | 296.73 |
| 33c. | Conviling 12g horo | | | | => \$ | | 684.17 |
| 33d. | List other secured debts: | | | | - | | |
| | e of each creditor for other secured debt | Identify property that secures the debt | incli | es paymer ude taxes nsurance | | | |
| | | | | No | | | |
| | -NONE- | | | Yes | \$ | | |
| | | | | NI- | · | | |
| | | | | No | | | |
| | | | | Yes | \$ | | |
| | | | | No | | | |
| | | | | Yes | + \$ | | |
| | | | | | | | |
| 33e | Total average monthly payment. Add lines 33 | Sa through 33d | \$5,98 | 5.95 | Copy total here=> | \$_ | 5,985.95 |

| Debtor 1 | Jere | my Fain | | | Cas | e nur | nber (if known) | | | | |
|-----------------------|------------------------------------|--|--|---------------------------------|--|----------|-------------------|--------|---------------------|--------|-----------|
| | | debts that you listed in line operty necessary for your s | | | | or | | | | | |
| | No. | Go to line 35. | | | | | | | | | |
| | Yes. | State any amount that you m line 33, to keep possession 60 and fill in the information | of your property (called the | dition to the cure ame | he payments listed ount). Next, divide l | in by | | | | | |
| Name | e of the | creditor | Identify property that sec | ures the o | debt | Tot | al cure amount | | | onthly | cure |
| -NO | NE- | | | | \$ | | | ÷ 60 = | | nount | |
| | | | | | | | | | - nu | | |
| | | | | | Total | \$_ | 0.00 | to | opy tal ere=> | \$ | 0.00 |
| | | owe any priority claims - su due as of the filing date of | | | | ıt | | | | | |
| | | Go to line 36. | your bankruptcy case: | 11 0.3.0. | g 507. | | | | | | |
| | | Fill in the total amount of all priority claims, such as thos | | not inclu | de current or ongoi | ng | | | | | |
| | | Total amount of all past-du | | | | \$ | 30,000.00 | ÷ | 60 | \$ | 500.00 |
| 36. P r | ojecte | d monthly Chapter 13 plan | | | | \$ | · | _ | | _ | |
| Of Ex To the | ffice of xecutive o find a l | nultiplier for your district as stathe United States Courts (for e Office for United States Trustist of district multipliers that include instructions for this form. This | districts in Alabama and N stees (for all other districts) des your district, go online us | orth Card). sing the lin | lina) or by the | x _ | | 7 | | | |
| A۱ | verage | monthly administrative expens | е | | | 9 | 8 | | / total => | | |
| 37. <i>I</i> | Add all | of the deductions for debt | payment. Add lines 33e th | nrough 36 | i. | | | | | \$ | 6,485.95 |
| Total | Deduc | tions from Income | | | | | | | | | |
| 38. A c | dd all c | of the allowed deductions. | | | | | | | | | |
| 6 | expens | e 24, All of the expenses allo e allowances | | \$_ | 5,695.27 | | | | | | |
| (| Copy lin | e 32, All of the additional exp | ense deductions | \$_ | 0.00 | _ | | | | | |
| (| Copy lin | e 37, All of the deductions for | debt payment | +\$_ | 6,485.95 | | | | | | |
| ٦ | Γotal de | ductions | | \$_ | 12,181.22 | <u>.</u> | Copy total here=> | • | Ş | \$ | 12,181.22 |

| Debtor 1 | Jeremy Fain | | | Ca | se num | ber (<i>if known</i>) | | |
|---|--|---|---|---|--------------------|---|--------------------|-----------|
| Part 2: | Determine Yo | our Disposable Income Under 1 | 1 U.S.C. § 1325(b)(| (2) | | | | |
| | | urrent monthly income from line Current Monthly Income and C | | | | | \$ | 9,500.00 |
| ch dis in | ildren. The mont sability payments t | ably necessary income you rece hly average of any child support parts for a dependent child, reported in applicable nonbankruptcy law to the child. | ayments, foster care Part I of Form 122C | e payments, or -1, that you receive | ed \$ | 0 | .00 | |
| en U. | nployer withheld fr | retirement deductions. The moreom wages as contributions for quaplus all required repayments of load 19). | alified retirement pla | ans, as specified in | | 0 | .00 | |
| 42. Tc | tal of all deducti | ions allowed under 11 U.S.C. § | 707(b)(2)(A). Copy | line 38 here = | => \$ | 12,181 | .22 | |
| an ex | d you have no rea | cial circumstances. If special cir asonable alternative, describe the s t give your case trustee a detailed for the expenses. | special circumstance | es and their | | | | |
| Descr | ibe the special c | ircumstances | | Amount of expe | ense | | | |
| | | | | \$ | | - | | |
| | | | | \$ | | - | | |
| | | | | \$ | | - | | |
| | | | Total \$_ | 0.00 | Co hei | py re=> \$ | 0.00 | |
| | | | | | | | Сору | |
| 44. T c | otal adjustments | . Add lines 40 through 43. | | => | \$ | 12,181.22 | here=> - \$ | 12,181.22 |
| 45. C a | alculate your mo | nthly disposable income under | § 1325(b)(2). Subt | tract line 44 from lir | ne 39. | | \$ | -2,681.22 |
| Part 3: | Change in In | come or Expenses | | | | | | |
| ch ca pe | anged or are virtu se will be open, fil tition, check 1220 | or expenses. If the income in For ally certain to change after the dat II in the information below. For exa C-1 in the first column, enter line 2 e occurred, and fill in the amount of | e you filed your ban mple, if the wages r in the second colur | kruptcy petition and eported increased | d durir after y | ng the time your ou filed your | | |
| Form | Line | Reason for change | | Date of change | e | Increase or decrease? | Amount of chan | ige |
| ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 | C-2 C-1 C-2 | | | _ | _ | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase | \$ | _ |
| ☐ 122 ☐ 122 | | | | _ | | ☐ Decrease☐ Increase | \$ | |
| ☐ 122 | | - | | | | Decrease | \$ | |

| Debtor 1 | Jeremy Fain | Case number (if known) |
|----------|---|---|
| | | |
| Part 4: | Sign Below | |
| | | |
| E | By signing here, under penalty of perjury you dec | lare that the information on this statement and in any attachments is true and correct. |
| X | /s/ Jeremy Fain | |
| | Jeremy Fain Signature of Debtor 1 | |
| Date | February 29, 2024 MM / DD / YYYY | |
| | | |
| | | |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| In re | re Jeremy Fain Debtor(s) | Case No. Chapter | 13 |
|--------|---|---------------------|--------------------------------------|
| | DISCLOSURE OF COMPENSATION OF ATTORN | EY FOR DE | CBTOR(S) |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorne compensation paid to me within one year before the filing of the petition in bankruptcy, of be rendered on behalf of the debtor(s) in contemplation of or in connection with the bank. | r agreed to be pai | d to me, for services rendered or to |
| | For legal services, I have agreed to accept | \$ | 10,000.00 |
| | Prior to the filing of this statement I have received | | 7,500.00 |
| | Balance Due | \$ | 2,500.00 |
| 2. \$ | \$313.00 of the filing fee has been paid. | | |
| 3. Т | The source of the compensation paid to me was: | | |
| | ■ Debtor □ Other (specify): | | |
| 4. T | The source of compensation to be paid to me is: | | |
| | ■ Debtor □ Other (specify): | | |
| 5. I | ■ I have not agreed to share the above-disclosed compensation with any other person unfirm. | nless they are men | nbers and associates of my law |
| I | ☐ I have agreed to share the above-disclosed compensation with a person or persons wh copy of the agreement, together with a list of the names of the people sharing in the compensation. | | |
| 6. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects | of the bankruptcy | case, including: |
| b c | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in deter b. Preparation and filing of any petition, schedules, statement of affairs and plan which r c. Representation of the debtor at the meeting of creditors and confirmation hearing, and d. [Other provisions as needed] | nay be required; | |
| u | Initial consultation, asset and exemption analysis, prepation and repetition and schedules, apperance at an initial Bankruptcy Code §34 | | |

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

assumption agreements.

Representation of the debtor in any dischargeability actions, amending petition and schedules, loss mitigation (inside or outside of the court's approved loss mitigation program), judicial lien avoidance, avoidance of wholly unsecured mortgages, opposition to motions for relief from stay, motions to modify confirmed chapter 13 plans, motions to approved loan modifications, claim objections, opposition to motions to dismiss, apperance at adjourned Bankruptcy Code §341 meetings due to Debtor's failure to appear, or any other contested matters or adversary proceeding.

| In re | Jeremy Fain | | Case No. | |
|-------|-------------|-----------|----------|--|
| | | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

| | (Continuation Sheet) |
|---|---|
| | CERTIFICATION |
| I certify that the foregoing is a complete statemen this bankruptcy proceeding. | t of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| February 29, 2024 <i>Date</i> | Peter Corey Peter Corey Signature of Attorney Macco & Corey, P.C. 2950 Express Drive South Suite 109 Islandia, NY 11749 631-549-7900 Fax: 631-549-7845 pcorey@maccolaw.com Name of law firm |

United States Bankruptcy Court Eastern District of New York

| In re | Jeremy Fain | Case No. | | |
|-------|-------------|-----------|---------|----|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

631-549-7900 Fax: 631-549-7845

USBC-44 Rev. 9/17/98

Amazon Capital Services 410 Terry Avenue North Seattle, WA 98109

Bay First 700 Central Ave Saint Petersburg, FL 33701

Burning Tree Gaming LLC 2705 Hempstead Turnpike Levittown, NY 11756

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

IOU Financial, Inc. 600 Townpark Ln NW STE 100 Kennesaw, GA 30144

Marcus by Goldman Sachs PO Box 45400 Salt Lake City, UT 84145-0400

Mynt Advance 633 167th St. Suite 804 Miami, FL 33162

Navient Attn: Bankruptcy Po Box 9500 Wilkes Barre, PA 18773

NYS Department of Taxation & Finance PO Box 5149 Albany, NY 12205 ServiceMac/Movement Mortgage 9726 Old Bailes Rd, Suite 200 Fort Mill, SC 29707

Td Auto Finance Attn: Bankruptcy Po Box 9223 Farmington Hills, MI 48333

TD Bank, N.A. Td Bank Usbc Greenville, SC 29607

WebBank 215 South State Street Suite 800 Salt Lake City, UT 84111

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DEBTOR(S): | Jeremy Fain | CASE NO.:. |
|---|--|--|
| | | Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure ner's best knowledge, information and belief: |
| was pending at any are spouses or ex-spare a partnership ar (vii) have, or within | time within eight year oouses; (iii) are affiliand one or more of its | Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case ars before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) ates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) general partners; (vi) are partnerships which share one or more common general partners; or mencement of either of the Related Cases had, an interest in property that was or is included 1 U.S.C. § 541(a).] |
| ■ NO RELATED | CASE IS PENDING | OR HAS BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOW | ING RELATED CAS | SE(S) IS PENDING OR HAS BEEN PENDING: |
| | | |
| 1. CASE NO.: | JUDGE: | DISTRICT/DIVISION: |
| CASE STILL PENI | OING (Y/N): | [If closed] Date of closing: |
| CURRENT STATI | US OF RELATED C. | ASE: |
| | | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WH | ICH CASES ARE RI | ELATED (Refer to NOTE above): |
| | LISTED IN DEBTO F RELATED CASE: | OR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 2. CASE NO.: | JUDGE: | DISTRICT/DIVISION: |
| CASE STILL PENI | OING (Y/N): | [If closed] Date of closing: |
| CURRENT STATI | US OF RELATED C. | |
| | | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WH | ICH CASES ARE RI | ELATED (Refer to NOTE above): |
| | LISTED IN DEBTO F RELATED CASE: | OR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| 3. CASE NO.: | JUDGE: | DISTRICT/DIVISION: |
| CASE STILL PENI | OING (Y/N): | [If closed] Date of closing: |

| DISCLOSURE OF RELATED CASES (cont'd) | |
|---|--|
| CURRENT STATUS OF RELATED CASE: | |
| (Discharge | ed/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): | |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: | |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file. | |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE: | |
| I am admitted to practice in the Eastern District of New York (Y/N):Y | |
| CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable): | |
| I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form. | |
| /s/ Peter Corey | |
| Peter Corey Signature of Debtor's Attorney Macco & Corey, P.C. 2950 Express Drive South Suite 109 Islandia, NY 11749 631-549-7900 Fax:631-549-7845 | Signature of Pro Se Debtor/Petitioner |
| | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

 $\underline{\text{NOTE}}$: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009